

**Small boat and MaryAnn Operations:**

- Personnel working in the small boat or on the MaryAnn shall wear a PFD at all times

**Lifting Tasks:***Required PPE:*

- Leather gloves—for sharp objects or surfaces
- Steel toe shoes in production and shipping areas (to be supplied by the employee) must be in good condition and be marked "ANSI Z41 C - 75"

*Work Rules:*

- Do not lift of slippery surfaces. Test the load before doing the lift
- Get help if the load is too heavy or awkward to lift alone
- Break the load down into smaller components if possible to provide a comfortable lift.
- Do not over exert!
- Make sure you have a good handhold on the load.
- Do not jerk the load or speed up. Lift the load in a smooth and controlled manner.
- Do not twist while lifting (especially with a heavy load). Turn and take a step.
- Keep the load close to the body. Walk as close as possible to the load. Pull the load towards you before lifting if necessary.
- Avoid long forward reached to lift over an obstruction
- Avoid bending your back backwards to lift or place items above your shoulder. Use a step stool or platform
- Do not lift while in an awkward position
- Use a mechanical device such as a forklift, hoist, hand truck or elevatable table whenever possible to bring the load up between the knees and waist before you lift.
- Back injury claims are painful for the worker and expensive for the company. Lift Safety!

**Disciplinary Policy**

Employees are expected to use good judgment when doing their work and to follow established safety rules. We have established a disciplinary policy to provide appropriate consequences for failure to follow safety rules. This policy is designed not so much to punish as to bring unacceptable behavior to the employees' attention in a way that the employee will be motivated to make corrections. The following consequences apply to the violation of the same rule or the same unacceptable behavior.

First Instance— Verbal warning, notation in employee file, and instruction on proper actions

## **What will we do in an emergency?**

### **In case of fire**

There are three primary areas where a fire might originate: (1) in the building, (2) on a vessel in the drydock, or (3) on a vessel tied to a pier.

In all instances, follow the following instructions:

- If you discover a fire: Tell your supervisor immediately. The supervisor will call 911, if necessary. If 911 is called the supervisor will designate an employee to go to the intersection of Market and 26<sup>th</sup> to assist the fire department in getting to our location.
- If the fire is small (such as a wastebasket fire) and there is minimal smoke, you may try to put it out with a fire extinguisher.
- If the fire grows or there is thick smoke, do not continue to fight the fire.
- Tell other employees in the area to evacuate.
- Go to the designated assembly point, as follows:
  - If there is a fire in the drydock, assemble at the ramp to the drydock and await instruction from your supervisor
  - If there is a fire on a vessel tied to a pier, assemble at the bottom of the gangway and wait instruction from your supervisor
  - If there is a fire in the building, assemble in the north parking lot.
- If you are a supervisor notified of a fire in your area: Tell your employees to evacuate to the designated assembly location. Check that all employees have been evacuated from our area
- Verify that 911 has been called
- Determine if the fire has been extinguished. If the fire has grown or there is thick smoke, evacuate any employees trying to fight the fire.
- Go to the designated assembly point and check that all your employees are accounted for. If an employee is missing, do not re-enter the building! Notify the responding fire personnel that an employee is missing and may be in the building.

The office building is equipped with emergency lighting and exit signs to assist you in exiting in case of a fire.

### **In case of earthquake**

The west coast of the United States is subject to earthquakes. There will be no advance warning. The shock will be your only warning.

If you are inside a building:

The office building is equipped with emergency lighting and exit signs to assist you in exiting in case of an earthquake.

- Drop under a desk or table, cover your head and hold on. Stay away from windows, heavy cabinets, bookcases or glass dividers

## Safety and Health Training and Education

### Safety Training

Training is an essential part of our plan to prove a safe work place at Stabbert Yacht & Ship. To insure that all employees are trained before they start a task that requires training, we have a training coordinator whose name is posted on the safety bulletin board. John George or Rory Mullen is responsible for safety training. Those personnel are responsible to verify that each employee has received an initial orientation, has received any training needed to the job safely and that the employee file documents the training. The coordinator will make sure that an outline and materials list is available for each training course we provide:

<u>Course</u>	<u>Who must attend</u>
Basic Orientation	All Employees (given by the employees supervisor)
Safe Lifting	All Employees who lift more than 20 pounds
Chemical Hazards (General)	All Employees
Chemical Hazards (Specific)	All employees who use or are exposed to a particular chemical
Fire Extinguisher safety	All employees
Respiratory Training	Employees who use a respirator
Forklift Training	Employees who operate a forklift
Lockout Training (Awareness)	All Employees
Lockout Training (Advanced)	Employees who service equipment
Welding Safety	Employees who operate the arc welder

<b>Stabbert Yacht &amp; Ship accident report to be completed by employee:</b>	
<i>*To assure prompt receipt of treatment and benefits, please complete all portions of this form</i>	
Name:	Social Security #:
Vessel Name (if applicable):	Date of Injury:
Time of Injury: ____ AM ↑ PM ↑	When did you first report this injury? ____ AM ↑ PM ↑
To Whom did you report this injury?	What part of your body was injured? (Including left or right)
Did you stop work immediately? YES ↑ NO ↑	Where were any witnesses to this accident?
Detailed description of accident (attach additional sheets if necessary)	
What were you doing when the incident occurred?	Was this your usual work?
What was the exact location of the incident?	What equipment was involved? Were you following safety procedures and wearing appropriate safety equipment?
Please identify the specific object which caused your injury:	Please describe your physical complaints:
Have you ever had a similar injury? YES NO	When: Explain:
Do you believe anyone is to blame for the incident? YES NO	If "Yes", who? Were there any Witnesses to the incident? YES NO
How could this accident have been avoided?	What caused this accident to occur?
Date of Report:	
Signature of Injured Person:	Date:
With my signature, I hereby attest to the fact that all of the information provided in this report is true and correct to the best of my knowledge.	

**Employee Acknowledgement Form**

By signing below, the employee states that he has thoroughly read the Accident Prevention Program and is familiar with its contents:

---

Signature

---

Printed name

---

Date